

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Freedomworks, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 20 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount 77.64		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11978		
Purpose of Expenditure IE-McConnell-Email/Social Media/Printing		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 20 / 2014		
Name of Federal Candidate MITCH MCCONNELL			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought 171423.43			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Texas GOP Store			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 20 / 2014		
Mailing Address 404 I-45 South			Amount 3047.81		
City Hunstville	State TX	Zip Code 77340	Transaction ID : SE.11976		
Purpose of Expenditure IE-Bevin-T-Shirts		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 20 / 2014		
Name of Federal Candidate MATTHEW GRISWOLD BEVIN			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought 171345.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3125.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY
03 / 25 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Topple Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 24 / 2014		
Mailing Address 189 N. Hwy 89 Ste. C 130			Amount 29988.00		
City North Salt Lake	State UT	Zip Code 84054	Transaction ID : SE.11977		
Purpose of Expenditure IE-Bevin-Phone Calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2014		
Name of Federal Candidate MATTHEW GRISWOLD BEVIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 201411.43			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29988.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	33113.45

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker**[Electronically Filed]*

Date

MM / DD / YYYY
03 / 25 / 2014

Signature